

Information Regarding Review of Support Orders Which are 36 Months Old or Older

Effective September 1, 2004, any party submitting a written request for review in Georgia must pay a \$100.00 **non-refundable** application fee per case at the time of the request. This fee is waived if you are currently receiving TANF and/or Family Medicaid benefits, or if your current gross income is \$1,000 or less per month. The application fee is **non-refundable**, even if the review process is later terminated **for any reason**, and regardless of the outcome of the review. **Please review the following information very carefully** before making a decision to proceed with a request for review.

Review and consider the following information about the review process. Then, Initial all of the items that apply to you before you submit a request with the fee:

- _____ I am now receiving TANF and/or Family Medicaid benefits, so I do not have to pay the application fee.
- _____ My current monthly gross income is \$1,000 or less, so I am not required to pay the application fee. If I am employed, I understand that I must attach proof of my gross income during the month of my application.
- _____ My youngest child will NOT turn 18 in the next 12 months.
- _____ My latest order is 36 months old or older, and my order has not been reviewed within the past 36 months. I understand that Georgia requires that the dollar amount of the support order must change by a minimum of 15% **and** \$25 from the current order.
- _____ I understand that the Office of Child Support Enforcement is not responsible for proving my allegations; I must obtain and provide any proof required.
- _____ I understand that as an alternative to the Office of Child Support Enforcement review process, I have the right to hire a private attorney and seek modification of my support order under the provisions of Georgia Law, Official Code of Georgia §19-6-19.

IF AFTER READING THE ABOVE YOU DECIDE TO PROCEED AND PAY THE FEE, OCSE will assume that you understand the requirements for payment of the fee, that the fee is non-refundable, and that you are voluntarily submitting the fee with your written request for the review.

If you fully understand and wish to proceed, initial and sign below where indicated-and include the \$100.00 non-refundable application fee.

Under the penalty of perjury, I do hereby swear and affirm that the information I provided on the Application for Review Services is accurate and true to the best of my knowledge. I understand the criminal penalties for making false statements and false swearing under O.C.G.A. §16-10-71 is punishable by a fine of not more than \$1,000 or by imprisonment of one year or more, or both. I do hereby attest to the truthfulness of the information provided.

By submitting this form and \$100 non-refundable fee (if applicable) to my local Office of Child Support Enforcement, I am requesting a review of my order for possible recommendation of modification.

Print Your Name

Print the Name of the Other Party

Your Home Address, City, State and Zip Code

Your OCSE Case Number: _____ Your Social Security# _____

Your Telephone Number: _____ Cell Phone: _____

Your E-mail Address: _____

Signature

Today's Date

Request for Review of my Support Order

I, _____, am requesting that my child support case be **reviewed** for consideration for a possible modification of my support amount. I understand that I may be required to pay a \$100.00 non-refundable fee per case for this process to begin.

I understand that the resulting support amount may **increase, decrease, or remain unchanged** based on the available financial/medical information provided by me.

I also understand if my order is **less than 36 months old**, I will be required to include with this request, evidence or documentation of a **“substantial change in circumstances.”** I understand without any evidence or documentation to support my allegations of a substantial change in circumstances, my request for review will be denied or a recommendation of no change issued and my fee will not be refunded.

I also understand I will be required to complete and return all forms necessary for the modification process.

Why I believe my child support case should be modified:

PLEASE PRINT THE FOLLOWING INFORMATION:

My Name: _____ My OCSE Case #: _____

Name of the Other Party: _____

Child(ren)'s Name(s): _____

My Phone No: _____ Cell Phone No.: _____

Work Phone No.: _____ E-mail Address: _____

My Address: _____

Note: If active Military, please provide address for service of process.

My Place of Employment: _____

Date of Divorce Order: _____ County/State of Divorce: _____

My residential county: _____ State of _____

My relationship to the other party regarding the child(ren) in THIS case:

☐ Married, but separated; ☐ Never Married; ☐ Custodian/Guardian, and not a parent to the child(ren);

☐ Parents divorced on: ____/____/____ at ____/____/____ (County/State)

Original Support Order: ____/____/____ at ____/____/____ (County/State)

Last Modification Order: ____/____/____ at ____/____/____ (County/State)

☐ I have attached copies of ALL orders.

Signature

Today's Date